

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035155

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1155

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 2 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Joseph

Length of stay in 1b
50 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Methodist Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY
OR
TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 2624 Monterey

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
WILLIAM

Middle
H.

Last
GRIFFITH, SR.

4. DATE
OF
DEATH

Month Day Year
September 25, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/25/1887 76

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired mail clerk

10b. KIND OF BUSINESS OR INDUSTRY

Railroad Co.

11. BIRTHPLACE (City and state or country)

Louisiana, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry M. Griffith

13b. MOTHER'S MAIDEN NAME

Jennie Holliday

14. NAME OF HUSBAND OR WIFE

Bertie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Bertie Griffith, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

Three

DUE TO (b)

Arteriosclerotic heart disease

unknown

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9-25-63

to 9-25-63

and last saw him alive on

9-25-63

Death occurred at

5:55 p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William H. Ames, M.D.

22b. ADDRESS

902 Edmund St.

22c. DATE SIGNED

9-27

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

9/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Hilton-Bowman

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 30, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clara Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

W.H. Ames, M.D.

Permit issued 9-27-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spedding

Licensed Embalmer No. 4535

P. O. Address St Joseph's Hosp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.